STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155792	A. BUILDING _____ B. WING _____	C 08/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE MEADOWS	**762 N DAN JONES RD AVON, IN 46123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00114642 and IN00115203. Complaint IN00114642 - Unsubstantiated due to lack of evidence. Complaint IN00115203 - Unsubstantiated due to lack of evidence. Survey dates: August 29, & 30, 2012 Facility number: 012534 Provider number: 155792 AIM Number: 201028420 Survey team: Lora Brettnacher, RN, TC Christi Davidson, RN (8/29/2012) Census bed type: SNF: 27 SNF/NF: 110 Total: 137 Census by payor type: Medicare: 35 Medicaid: 60 Other: 42 Total: 137 Sample: 3 Countryside Meadow was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00114642 and IN00115203.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155792	A. BUILDING _____ B. WING _____	C 08/30/2012

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F 000	Continued From page 1 Quality review 9/04/12 by Suzanne Williams, RN	F 000		